

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY**

Priority Population Waiting List Deficiencies

This form should be submitted at the end of the month following the month in which a deficiency occurred.

Coordinating Agency:

Report Month:

Clients not meeting the Federal waiting list requirements are listed below:

Program Name	(A) Client Identifier	(B) Priority Code 1, 2, 3	(C) Service Request Date	(D) Date LOC Determined	(E) Days on Waiting List	(F) Service Requested	(G) Meth Drug Free	(H) Meth Ref. Drug Free	(I) Interim Services Provided	(J) Interim Services Refused	(K) Type of Interim Services
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If the LOC determination was different than what the client requested, explain the reason for the difference:

Please indicate the reason the Coordinating Agency was not in compliance with the Federal Waiting List Requirements:

Please describe plans to adjust treatment capacity to comply with these requirements: